

Work Order # _____

Date Completed: _____

APPLICATION FOR CONSTRUCTION OF SEWER SERVICE

This application is for coordination of construction of sewer service between the City of Seguin and the plumber of the proposed work. Applications for actual service and deposit is separate and must be made by the user of the service. The following needs to be filled in completely and clearly. **Also, a complete one-line diagram and site plan shall be submitted with the application.**

Building Address: _____

Type of Occupancy: _____
(if business, specify type of business)

Building owned by: _____

Occupied by: _____

Master Plumber: _____

Company Name: _____

Address: _____

Phone: _____

SERVICE DETAILS

Sewer Service: New _____ Revamp _____ Existing _____

Requested Service Size: _____

Attach a site plan with dimensions with location of sewer service along with a one-line diagram showing all piping sizes and related apparatus. It is also understood that sewer service charges must be paid in accordance with Chapter 102, "Utilities", Article IV, "Wastewater", Division 2, "Connections", Section 102-177, "Tap Fee" of the City of Seguin Code of Ordinances. In addition, all sewer impact fees shall be in accordance to Chapter 102, "Utilities", Article V, "Water and Wastewater Impact Fees", Section 102-261, "Wastewater Utility Impact Fee" of the City of Seguin Code of Ordinances. **Charges will be available after application has been reviewed. Charges are required to be paid and application for service made prior to issuance of permit.** Charges are estimates only and good for 30 days only. If additional work is required, by the City of Seguin there will be additional charges that will need to be paid.

Master Plumber, Plumbing Engineer or Homestead Owner

Date

License Number

FOR CITY USE ONLY

Application Date and Time: _____

Received by: _____

Due Date: _____

Building Inspection Comments:

Director of Planning

Utility Administrative Comments:

Director of Utilities

Water/Sewer Maintenance Comments:

Water/Sewer Superintendent

Wastewater Treatment Department Comments:

Wastewater Treatment Superintendent

Sewer Service Charge for Project \$ _____
(see attached)

Sewer Impact Charge for Project \$ _____
(see attached)

Total Charges for Project \$ _____

Finance Department Comments:

Signature and Date

Administrative Service Comments:

Signature and Date